

EXHIBIT B



WR Grace
Property Damage
Index Sheet

SR00000503

Claim Number: 00006636

Receive Date: 03/27/2003

Multiple Claim Reference

Claim Number _____

- ☐ MMPOC Medical Monitoring Claim Form
☐ PDPOC Property Damage
☐ NAPO Non-Asbestos Claim Form
☐ Amended

Claim Number _____

- ☐ MMPOC Medical Monitoring Claim Form
☐ PDPOC Property Damage
☐ NAPO Non-Asbestos Claim Form
☐ Amended

Attorney Information

Firm Number: 00131

Firm Name: Speights & Runyan

Attorney Number: 00168

Attorney Name: Amanda G Steinmeyer

Zip Code: 29924

Cover Letter Location Number: SR00000503

Attachments Medical Monitoring	Attachments Property Damage	Non-Asbestos
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	<input type="checkbox"/> Other Attachments
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
	<input checked="" type="checkbox"/> Other Attachments	
Other	<input type="checkbox"/> Non-Standard Form	
	<input type="checkbox"/> Amended	
	<input type="checkbox"/> Post-Deadline Postmark Date	

Box/Batch: WRPD0003/WRPD0011

Document Number: WRPD000541

006636-000001



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SR00000594

Claim Number: 00009684

Receive Date: 03/28/2003

Multiple Claim Reference

Claim Number _____	<input type="checkbox"/> MMPOC	Medical Monitoring Claim Form
	<input type="checkbox"/> PDPOC	Property Damage
	<input type="checkbox"/> NAPO	Non-Asbestos Claim Form
	<input type="checkbox"/>	Amended
Claim Number _____	<input type="checkbox"/> MMPOC	Medical Monitoring Claim Form
	<input type="checkbox"/> PDPOC	Property Damage
	<input type="checkbox"/> NAPO	Non-Asbestos Claim Form
	<input type="checkbox"/>	Amended

Attorney Information

Firm Number: 00342 Firm Name: Avrum J Rosen
 Attorney Number: 00218 Attorney Name: Avrum J Rosen
 Zip Code: 11743

Cover Letter Location Number: SR00000594

Attachments Medical Monitoring	Attachments Property Damage	Non-Asbestos
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	<input type="checkbox"/> Other Attachments
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
	<input type="checkbox"/> Other Attachments	
Other	<input type="checkbox"/> Non-Standard Form	
	<input type="checkbox"/> Amended	
	<input type="checkbox"/> Post-Deadline Postmark Date	

Box/Batch: WRPD0006/WRPD0023

Document Number: WRPD001144

009684-000001



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SR00000610

Claim Number: 00010722

Receive Date: 03/31/2003

Multiple Claim Reference

Claim Number _____	<input type="checkbox"/> MMPOC	Medical Monitoring Claim Form
	<input type="checkbox"/> PDPOC	Property Damage
	<input type="checkbox"/> NAPO	Non-Asbestos Claim Form
	<input type="checkbox"/>	Amended
Claim Number _____	<input type="checkbox"/> MMPOC	Medical Monitoring Claim Form
	<input type="checkbox"/> PDPOC	Property Damage
	<input type="checkbox"/> NAPO	Non-Asbestos Claim Form
	<input type="checkbox"/>	Amended

Attorney Information

Firm Number: 00131 Firm Name: Speights & Runyan
 Attorney Number: 00168 Attorney Name: Amanda G Steinhmeyer
 Zip Code: 29924
 Cover Letter Location Number: SR00000610

Attachments Medical Monitoring	Attachments Property Damage	Non-Asbestos
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	<input type="checkbox"/> Other Attachments
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
	<input checked="" type="checkbox"/> Other Attachments	
Other	<input type="checkbox"/> Non-Standard Form <input type="checkbox"/> Amended <input type="checkbox"/> Post-Deadline Postmark Date	

Box/Batch: WRPD0011/WRPD0041

Document Number: WRPD002040

010722-000001

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Property Damage

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SR00000610

Claim Number: 00010747

Receive Date: 03/31/2003

Multiple Claim Reference

Claim Number	<input type="checkbox"/>	MMPOC	Medical Monitoring Claim Form
	<input type="checkbox"/>	PDPOC	Property Damage
	<input type="checkbox"/>	NAPO	Non-Asbestos Claim Form
	<input type="checkbox"/>		Amended
Claim Number	<input type="checkbox"/>	MMPOC	Medical Monitoring Claim Form
	<input type="checkbox"/>	PDPOC	Property Damage
	<input type="checkbox"/>	NAPO	Non-Asbestos Claim Form
	<input type="checkbox"/>		Amended

Attorney Information

Firm Number: 00131 Firm Name: Speights & Runyan

Attorney Number: 00168 Attorney Name: Amanda G Steinmeyer

Zip Code: 29924

Cover Letter Location Number: SR00000610

Attachments Medical Monitoring	Attachments Property Damage	Non-Asbestos
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	<input type="checkbox"/> Other Attachments
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
	<input checked="" type="checkbox"/> Other Attachments	
Other	<input type="checkbox"/> Non-Standard Form	
	<input type="checkbox"/> Amended	
	<input type="checkbox"/> Post-Deadline Postmark Date	

Box/Batch: WRPD0011/WRPD0042

Document Number: WRPD002065

010747-000001



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SR00000610

Claim Number: 00010749

Receive Date: 03/31/2003

Multiple Claim Reference

Claim Number _____

- ☐ MMPOC Medical Monitoring Claim Form
☐ PDPOC Property Damage
☐ NAPO Non-Asbestos Claim Form
☐ Amended

Claim Number _____

- ☐ MMPOC Medical Monitoring Claim Form
☐ PDPOC Property Damage
☐ NAPO Non-Asbestos Claim Form
☐ Amended

Attorney Information

Firm Number: 00131

Firm Name: Speights & Runyan

Attorney Number: 00168

Attorney Name: Amanda G Steilmeyer

Zip Code: 29924

Cover Letter Location Number: SR00000610

Attachments Medical Monitoring	Attachments Property Damage	Non-Asbestos
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	<input type="checkbox"/> Other Attachments
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
	<input checked="" type="checkbox"/> Other Attachments	
Other	<input type="checkbox"/> Non-Standard Form	
	<input type="checkbox"/> Amended	
	<input type="checkbox"/> Post-Deadline Postmark Date	

Box/Batch: WRP00011/WRPD0042

Document Number: WRPD002067

010749-000001



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SR00000610

Claim Number: 00010767

Receive Date: 03/31/2003

Multiple Claim Reference

Claim Number	<input type="checkbox"/> MMPOC	Medical Monitoring Claim Form
	<input type="checkbox"/> PDPOC	Property Damage
	<input type="checkbox"/> NAPO	Non-Asbestos Claim Form
	<input type="checkbox"/>	Amended
Claim Number	<input type="checkbox"/> MMPOC	Medical Monitoring Claim Form
	<input type="checkbox"/> PDPOC	Property Damage
	<input type="checkbox"/> NAPO	Non-Asbestos Claim Form
	<input type="checkbox"/>	Amended

Attorney Information

Firm Number: 00131

Firm Name: Speights & Runyan

Attorney Number: 00168

Attorney Name: Amanda G Steinhmeyer

Zip Code: 29924

Cover Letter Location Number: SR00000610

Attachments Medical Monitoring	Attachments Property Damage	Non-Asbestos
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	<input type="checkbox"/> Other Attachments
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
	<input checked="" type="checkbox"/> Other Attachments	
Other	<input type="checkbox"/> Non-Standard Form	
	<input type="checkbox"/> Amended	
	<input type="checkbox"/> Post-Deadline Postmark Date	

Box/Batch: WRPD0011/WRPD0042

Document Number: WRPD002085

010767-000001



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SR00000616

Claim Number: 00010947

Receive Date: 03/31/2003

Multiple Claim Reference

Claim Number _____	<input type="checkbox"/> MMPOC	Medical Monitoring Claim Form
	<input type="checkbox"/> PDPOC	Property Damage
	<input type="checkbox"/> NAPO	Non-Asbestos Claim Form
	<input type="checkbox"/>	Amended
Claim Number _____	<input type="checkbox"/> MMPOC	Medical Monitoring Claim Form
	<input type="checkbox"/> PDPOC	Property Damage
	<input type="checkbox"/> NAPO	Non-Asbestos Claim Form
	<input type="checkbox"/>	Amended

Attorney Information

Firm Number: 00131 Firm Name: Speights & Runyan

Attorney Number: 00168 Attorney Name: Amanda G Steinhmeyer

Zip Code: 29924

Cover Letter Location Number: SR00000616

Attachments Medical Monitoring	Attachments Property Damage	Non-Asbestos
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	<input type="checkbox"/> Other Attachments
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
	<input checked="" type="checkbox"/> Other Attachments	
Other	<input type="checkbox"/> Non-Standard Form <input type="checkbox"/> Amended <input type="checkbox"/> Post-Deadline Postmark Date	

Box/Batch: WRPD0012/WRPD0046

Document Number: WRPD002265

010947-000001



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SR00000616

Claim Number: 00011003

Receive Date: 03/31/2003

Multiple Claim Reference

Claim Number _____

- ☐ MMPOC Medical Monitoring Claim Form
☐ PDPOC Property Damage
☐ NAPO Non-Asbestos Claim Form
☐ Amended

Claim Number _____

- ☐ MMPOC Medical Monitoring Claim Form
☐ PDPOC Property Damage
☐ NAPO Non-Asbestos Claim Form
☐ Amended

Attorney Information

Firm Number: 00131

Firm Name: Spaight & Runyan

Attorney Number: 00168

Attorney Name: Amanda G Steinmeyer

Zip Code: 29924

Cover Letter Location Number: SR00000616

Attachments
Medical Monitoring

- ☐ TBD
☐ TBD
☐ TBD
☐ TBD
☐ TBD

Attachments
Property Damage

- ☐ TBD
☐ TBD
☐ TBD
☐ TBD
☐ TBD
☒ Other Attachments

Non-Asbestos

- ☐ Other Attachments

Other

- ☐ Non-Standard Form
☐ Amended
☐ Post-Deadline Postmark Date

Box/Batch: WRPD0012/WRPD0047

Document Number: WRPD002321

011003-000001



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SR00000616

Claim Number: 00011243

Receive Date: 03/31/2003

Multiple Claim Reference

Claim Number	_____	<input type="checkbox"/> MMPOC	Medical Monitoring Claim Form
		<input type="checkbox"/> PDPOC	Property Damage
		<input type="checkbox"/> NAPO	Non-Asbestos Claim Form
		<input type="checkbox"/>	Amended
Claim Number	_____	<input type="checkbox"/> MMPOC	Medical Monitoring Claim Form
		<input type="checkbox"/> PDPOC	Property Damage
		<input type="checkbox"/> NAPO	Non-Asbestos Claim Form
		<input type="checkbox"/>	Amended

Attorney Information

Firm Number:	00131	Firm Name:	Speights & Runyan
Attorney Number:	00168	Attorney Name:	Amanda G Steinmeyer
Zip Code:	29924		
Cover Letter Location Number:	SR00000616		

Attachments Medical Monitoring	Attachments Property Damage	Non-Asbestos
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	<input type="checkbox"/> Other Attachments
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
	<input checked="" type="checkbox"/> Other Attachments	
Other	<input type="checkbox"/> Non-Standard Form <input type="checkbox"/> Amended <input type="checkbox"/> Post-Deadline Postmark Date	

Box/Batch: WRPD0013/WRPD0052

Document Number: WRPD002659

011243-000001



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SR00000614

Claim Number: 00011703

Receive Date: 03/31/2003

Multiple Claim Reference

Claim Number	<input type="checkbox"/>	MMPOC	Medical Monitoring Claim Form
	<input type="checkbox"/>	PDPOC	Property Damage
	<input type="checkbox"/>	NAPO	Non-Asbestos Claim Form
	<input type="checkbox"/>		Amended
Claim Number	<input type="checkbox"/>	MMPOC	Medical Monitoring Claim Form
	<input type="checkbox"/>	PDPOC	Property Damage
	<input type="checkbox"/>	NAPO	Non-Asbestos Claim Form
	<input type="checkbox"/>		Amended

Attorney Information

Firm Number: 00131 Firm Name: Speights & Runyan
 Attorney Number: 00168 Attorney Name: Amanda G Steinmeyer
 Zip Code: 29924
 Cover Letter Location Number: SR00000614

Attachments Medical Monitoring	Attachments Property Damage	Non-Asbestos
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	<input type="checkbox"/> Other Attachments
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
	<input checked="" type="checkbox"/> Other Attachments	
Other	<input type="checkbox"/> Non-Standard Form <input type="checkbox"/> Amended <input type="checkbox"/> Post-Deadline Postmark Date	

Box/Batch: WRPD0016/WRPD0081

Document Number: WRPD003019

011703-000001